

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

756 75 A T E
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date: MAY 02 2016
Bayfield Co. Zoning Dept.

Permit #: 16-00889
Date: 5-9-16
Amount Paid: \$150
Refund: 5-9-16

ENTERED

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Mailing Address:	City/State/Zip:	Telephone:
Owner's Name: <u>James F Schopf</u>			
Address of Property: <u>18955 Seac Deue</u>	City/State/Zip: <u>from Eau Claire WI 54847</u>	Cell Phone: <u>715-214-5866</u>	
Contractor: <u>KU Tech</u>	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-016-2468813101000-60000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume <u>853</u> Page(s) <u>940</u>
<u>NE 1/4, NE 1/4</u>	Gov't Lot <u>142</u> Lot(s) <u>1206</u> CSM Vol & Page	Lot(s) No.	Block(s) No.
Section <u>B3</u> , Township <u>46</u> N, Range <u>8</u> W	Town of: <u>Dela</u>	Lot Size	Acres <u>13.77</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> If Property/Land within 1000 feet of lake, Pond or Flowage <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u> </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	---	---

Value at Time of Completion * include donated time & material <u>\$ 5,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u> </u>	<input checked="" type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u> </u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u> </u>	<input type="checkbox"/> <u> </u>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<u> </u>	<input type="checkbox"/> <u> </u>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Portable (w/service contract)	<u> </u>	<input type="checkbox"/> <u> </u>
<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Compost Toilet	<u> </u>	<input type="checkbox"/> <u> </u>
<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<u> </u>	<input type="checkbox"/> <u> </u>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u> </u>	Width: <u> </u>	Height: <u> </u>
Proposed Construction:	Length: <u> </u>	Width: <u> </u>	Height: <u> </u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	with Loft	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> Rec'd for Issuance	with a Porch	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	with (2 nd) Deck	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	with (2 nd) Deck	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	with Attached Garage	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Mobile Home (manufactured date)	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Addition/Alteration (specify) <u>Sub 10x50</u>	(<u>10</u> X <u>50</u>)	<u>500</u>
<input type="checkbox"/> <u> </u>	Accessory Building (specify) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Special Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Conditional Use: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>
<input type="checkbox"/> <u> </u>	Other: (explain) <u> </u>	(<u> </u> X <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the truth and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James F Schopf Date 5-9-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

in the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake, (*) River, (*) Stream/Creek, or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 ft Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	100 ft Feet	Setback from the River, Stream, Creek	200 ft Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	130 ft Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	45 ft Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	Feet
Setback to Drain Field	10 Feet		
Setback to Privy (Portable, Composting)	10 ft Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

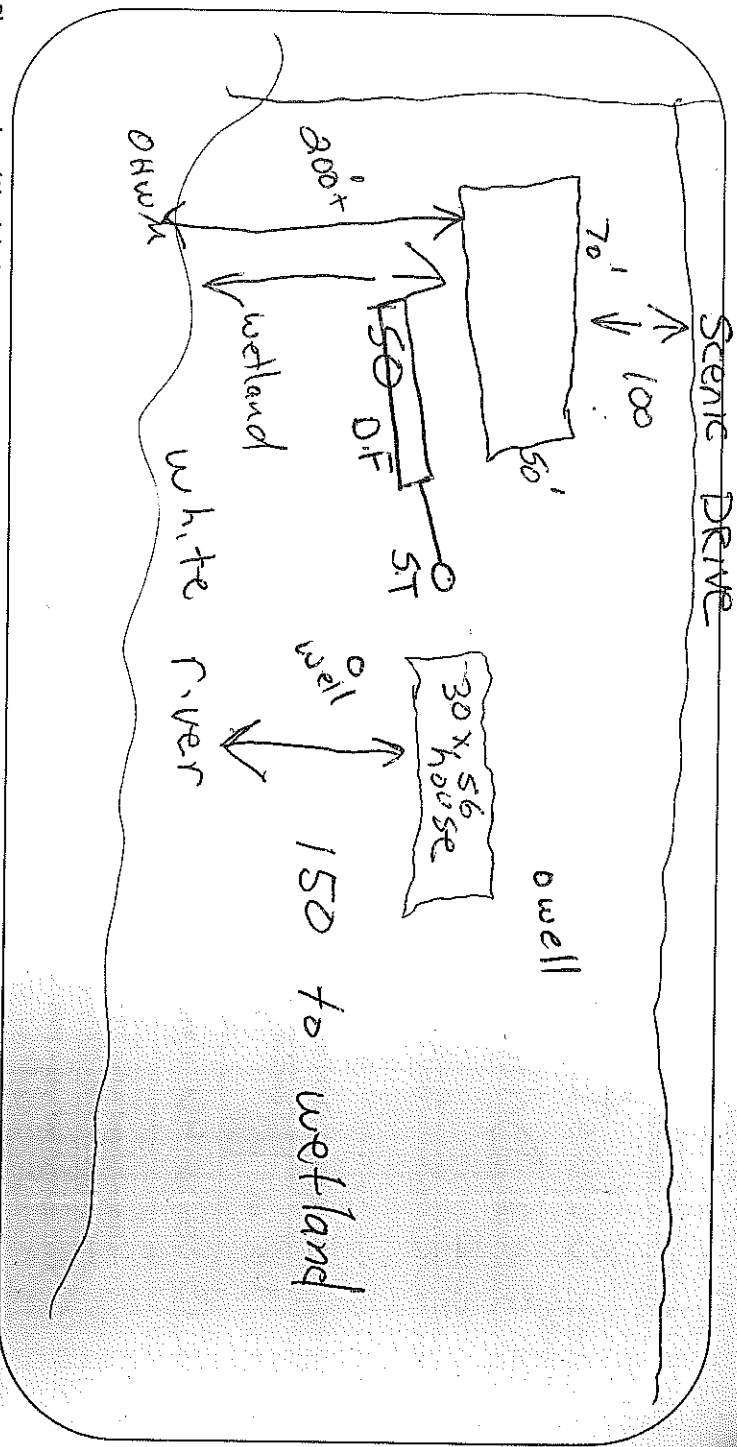
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 404261	# of bedrooms: 2	Sanitary Date: 5-13-23			
Permit Denied (Date):	Reason for Denial:						
Permit #: 16-00582	Permit Date: 5-9-16						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:	Already B.O.A.						
Date of Inspection: 5/3/16	Inspected by: GT	Zoning District (F)					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (S)					
Signature of Inspector: [Signature]		Date of Approval: 5/19/16					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

Not for human habitation, no water under pressure

Check box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	100' Feet	Setback from the River, Stream, Creek	200' Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	130' Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	450' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	50' Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>404267</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>5-13-03</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>14-0104</u>	Permit Date: <u>6-9-14</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: <u>6-5-14</u>	Inspected by: <u>M. Fustale</u>	Zoning District: <u>(F-1)</u>	Lakes Classification: <u>(3)</u>	Date of Re-Inspection:		
Condition(s): <u>town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(If No they need to be attached)</u>						
<u>Well staked. Wetland setbacks.</u>						
<u>May not be used for human habitation. No water under pressure in structure.</u>						
Signature of Inspector: <u>Michael Turtola</u>						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>6-6-14</u>		

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd: APR 09 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0083
Date: 5-9-16
Amount Paid: \$385
Refund: 5-9-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		James F Schaaf		Mailing Address:		City/State/Zip:		Telephone:	
Address of Property:		12955 Green's Prairie		City/State/Zip:		Troy River WI		Cell Phone:	
Contractor:		DAVIS Construction		Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Volume	
NE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
				132		1206			
Section 13, Township 46 N, Range 8 W		Town of:		Della		Lot Size		Acreage	
								13.77	
<input checked="" type="checkbox"/> Shoreland →		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes--continue →		Distance Structure is from Shoreline: 240 feet		Is Property in Floodplain Zone?	
		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes--continue →		Distance Structure is from Shoreline: feet		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Non-Shoreland								Are Wetlands Present?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Value at time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 75,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3 total	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Plt) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 50	Width: 30	Height: 18
Proposed Construction:	Length: 40	Width: 30	Height: 30

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) Addition-Bath-Grage	()	()
	<input type="checkbox"/> Accessory Building (specify)	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
	Rec'd for Issuance	()	()
	MAY 09 2016	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James F Schaaf
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Della
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date: 4-9-2015

Address to send permit
Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

Fill in the boxes below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	7 300 Feet	Setback from the Lake (ordinary high-water mark)	240' N/A Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	2240 Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	250' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2 1000' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	2 500' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25' Relocating Feet	Setback to Well	80' 37' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>464267</u>	# of bedrooms:	Sanitary Date: <u>5/3/03</u>		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>404267</u> <u>16-0083</u>		Permit Date: <u>5/13/2003</u> <u>5-9-16</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
Date of Inspection: <u>4-22-15</u>	Inspected by: <u>M. Furtak</u>					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
<u>Gr. Mut get ADC</u>						
Signature of Inspector: <u>[Signature]</u>		Date of Approval:				
Hold For Sanitary: <input checked="" type="checkbox"/> <u>Yes</u>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <u>\$50</u>	<u>Reconnect</u>		

System design is last the proposal

RECEIVED

JUL 16 2002

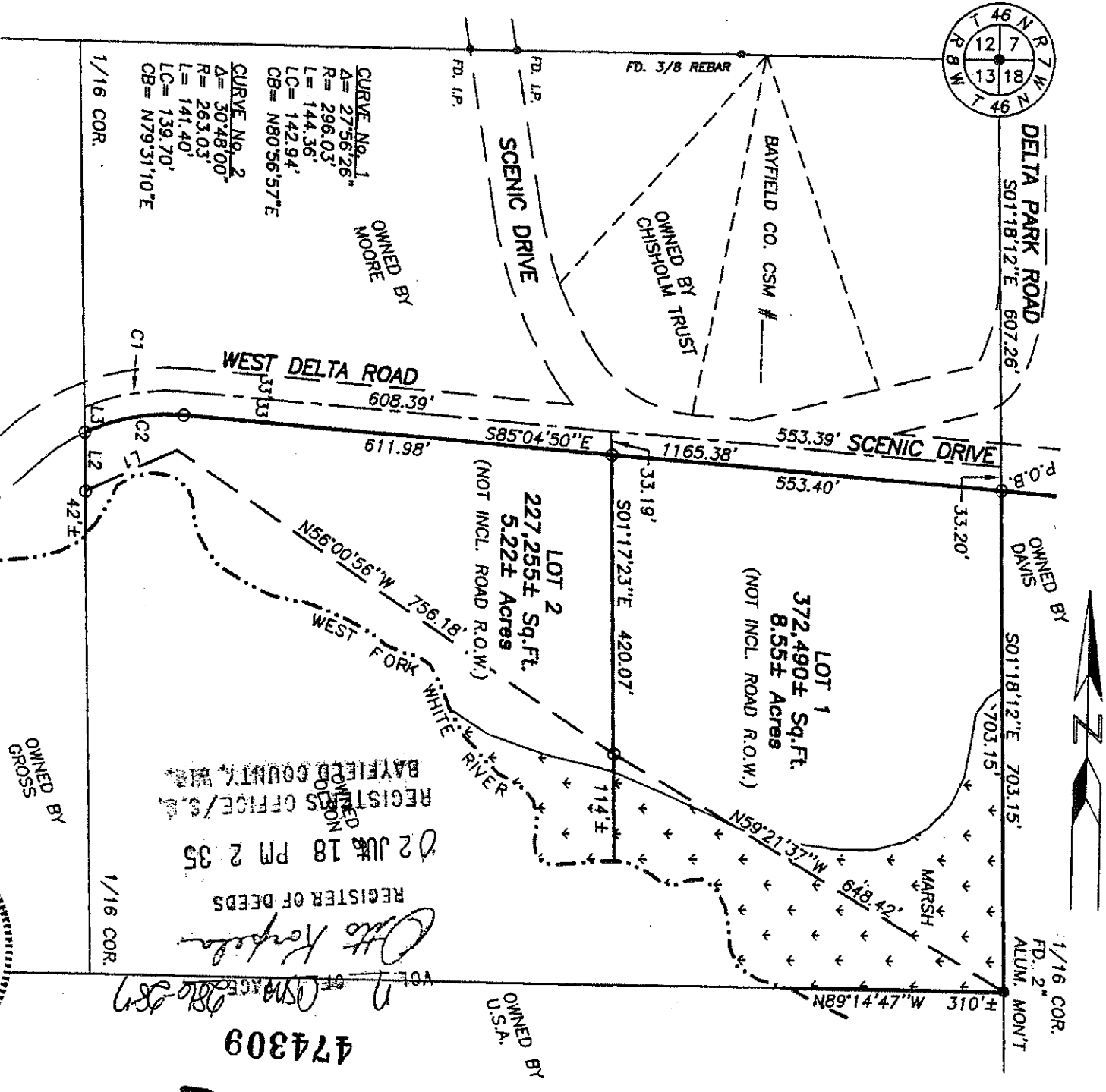
Hand Record

BAYFIELD COUNTY CERTIFIED SURVEY MAP

12010

LOCATED IN THE NE1/4 OF THE NE1/4, SECTION 13, T.46N., R.8W.
TOWN OF DELTA, BAYFIELD COUNTY, WISCONSIN

SHEET 1 OF 2



LEGEND

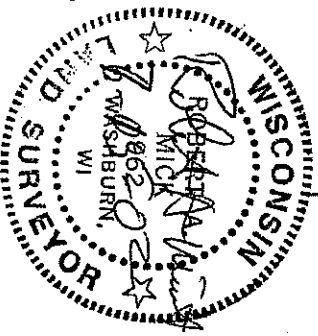
- = IRON PIPE OR ROD FOUND
- = 3/4"x24" IRON RE-BAR WEIGHING 1.63 LBS./LIN.FT. SET THIS SURVEY

LINE	BEAR.
L1	S65°15'24"W
L2	N1°31'49"W
L3	N1°31'49"W

DIST.
140.19'
83.06'
35.81'

BEARINGS BASED ON THE EAST LINE
OF SECTION 13, TAKEN AS S1°18'12"E.

JULY 11, 2002



NE-N-E
474309

REGISTER OF DEEDS
JUL 18 PM 2 35
BAYFIELD COUNTY, WIS.

SUPERIOR SURVEYS, INC.
78215 STATE HIGHWAY 13
WASHBURN, WISCONSIN
R.A. MICK R.L.S. 962

MAP #071202530 J.A.S.

13.46.8
13.00
286